

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR U.S. WITH FORM PTO-875)

SERIAL NO.
01509438
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/		/				51			
2	/		/				52			
3	2		/				53			
4	2		/				54			
5	1		/				55			
6	1		/				56			
7	1		/				57			
8	1		/				58			
9	1		/				59			
10	1		/				60			
11	1		/				61			
12	1		/				62			
13	1		/				63			
14	1		/				64			
15	1		/				65			
16	1		/				66			
17	1		/				67			
18	1		/				68			
19	1		/				69			
20	1		/				70			
21	1		/				71			
22	1		/				72			
23	1		/				73			
24	1		/				74			
25	1		/				75			
26	1		/				76			
27	1		/				77			
28	1		/				78			
29	1		/				79			
30	1		/				80			
31	1		/				81			
32	1		/				82			
33	1		/				83			
34	1		/				84			
35	1		/				85			
36	1		/				86			
37	1		/				87			
38	1		/				88			
39	1		/				89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			/				TOTAL IND.			
TOTAL DEP.			37				TOTAL DEP.			
TOTAL CLAIMS			38				TOTAL CLAIMS			